

**Peninsula School District  
Supplemental Media Materials Request Form**

This form is to be used in conjunction with the district procedures related to the use of "R" rated media materials in the classroom.

Teacher Name:

School:  Grade/Subject:

Media Title:

As the requesting teacher, I have:  Viewed this title in its entirety;  
 Not viewed this title in its entirety.

The title is rated R due to (check all that apply):  Language  Nudity  Violence  
 Strong Sexual Content  
 Other (Please specify)

Briefly describe the application of the material to your instructional program and how you intend to use the material. Use the space below. Attach an additional sheet if necessary.

Requesting Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The space below is for principal and committee use.**

Principal Action:  Building-level team meeting set for (date):

Building Team Action:  Item approved for this teacher's use.  
 Item not approved for this teacher's use.

Building-level team member names and signatures:

| Name | Signature | Date |
|------|-----------|------|
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